CITY OF NEW MEADOWS, IDAHO
Claim Approval List
For the Accounting Period: 7/23

For Date Posted = 07/25/23
* ... Over spent expenditure

Claim/	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document $/ Line $	Disc $	PO #	Fund	Org	Acct	Object	Proj	Cash Account
5843	E	253 Christensen Inc. dba United Oil	195.92								
	1024277	07/15/23 Fuel -Streets	25.35*			60		43320	630		10102
	1024277	07/15/23 Fuel - Sewer	25.35*			65		43220	630		10102
	1024277	07/15/23 Fuel - Water	25.35*			60		43320	630		10102
	1024277	07/15/23 Fuel - Grader - Streets	107.88			1		41500	630		10102
	1024277	07/15/23 Fuel - Grader - Water	5.99*			60		43320	630		10102
	1024277	07/15/23 Fuel - Grader - Sewer	6.00*			65		43220	630		10102
		Total for Vendor:	**195.92**								
		# of Claims 1	**Total:**	**195.92**	**# of Vendors**			**0**			
		Total Electronic Claims		**195.92**							
		Total Non-Electronic Claims									